

WAIVER OF RIGHT TO FURTHER NOTICE OF ADOPTION PLANNING (ALLEGED NATURAL FATHER IN OR OUT OF CALIFORNIA)

INSTRUCTIONS:

1. These instructions apply to the alleged natural father whether signing in California or outside the state or country.
2. This form may be used in both the relinquishment and independent adoption programs.
3. When signed by the alleged natural father in the presence of a representative of the California Department of Social Services, a California licensed adoption agency, or an authorized out-of-state adoption agency, the form shall be witnessed and signed by the Department or agency representative. Signing before a notary is not necessary.
4. When signed in the presence of person other than an agency or Department representative, the **form** shall be notarized.

"I, _____, acknowledge that I have received notice that I have been

named as a possible father of _____, born to _____,
(NAME OF MINOR) (NAME OF MOTHER)

on _____ / to be born, for whom an adoption is planned. I hereby
(DATE OF BIRTH)

waive the right to further notice of adoption planning for this child which includes notice of court hearings. I understand that to establish my paternity of this child I must file an action under Family Code Section 7630(c) within 30 days of service of the initial adoption notice or the birth of the child, whichever is later. I understand that any parental rights I may have toward this child will continue until the court issues an order of adoption, or an order terminating my parental rights, whichever occurs first. I understand that the court may enter an order terminating my parental rights without further notice to me. I understand any parental responsibility I may have toward this child, including the responsibility to pay child support if so ordered by a court, will continue until an order of adoption, or an order terminating my parental rights, whichever occurs first, has been issued by the court. I understand that if I change my mind after signing this form, I may not revoke or rescind this waiver and that my only recourse is court action.

SIGNATURE OF ALLEGED NATURAL FATHER

DATE

SIGNED IN COUNTY

IN PRESENCE OF REPRESENTATIVE

☐ California Department of Social Services

DISTRICT OFFICE OR DSS ADOPTION SERVICES

☐ Licensed Adoption Agency

AGENCY NAME

☐ Out - of - State Agency

AGENCY NAME

— — — — — OR * — — — — —

STATE _____ COUNTY _____

Before me, _____, a Notary Public in and for said

County and State, personally appeared _____
 known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL THIS _____ DAY
 OF _____, 19 _____.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

(AFFIX NOTARIAL SEAL)

MY COMMISSION EXPIRES

* (NOTARIZE ONLY WHEN SIGNED IN PRESENCE OF PERSON OTHER THAN AGENCY REPRESENTATIVE)